

Pace University Independent Contractor Questionnaire

Name of Worker: _____
Social Security No.: _____
Home Address: _____
Telephone: _____
Pace University Facility: _____
Department: _____
Proposed Start Date: _____
Services Requested by: _____

Describe Services To Be Performed:

For Use Of The Office Of University Counsel Only

Employee

Independent Contractor

Approved by: _____

Title: _____ Date _____

Instructions

The purpose of this questionnaire is to provide sufficient information and documentation to enable the Office of the University Counsel to make a determination of whether the proposed worker is an employee or independent contractor.

If the Contractor is a corporation and has submitted its articles of incorporation and any required evidence of insurance – this questionnaire need not be completed. Forward the Consultant Agreement, certificate of incorporation and other required docume

After the Questionnaire has been completed and the declaration signed, the Questionnaire is to be forwarded to the Office of University Counsel.

Employee or Independent Contractor

The relationship of employer and employee exists when the employer has the right to control and direct the individual who performs the services not only as to the results to be accomplished, but more importantly, as to the details, means, and method by which the results are accomplished. In the absence of such control, the individual is an independent contractor. To determine whether the control test is satisfied in a particular case, the facts and circumstances must be examined. The Internal Revenue Service considers three major factors to determine the extent of an employers control over the worker: Behavioral Controls; Finan

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|-----|---|----------------------------|
| 9. | Is the relationship between the University and the worker continuing or at recurring intervals? | YES () NO () N/A () |
| 10. | Will the University require that the services be performed on University property? | YES () NO () N/A () |
| 11. | Will the worker be required to submit regular written or oral reports on the progress of his or her services to the University? | YES () NO () N/A () |

<u>Financial Controls</u>

- | | | |
|-----|---|---|
| 12. | Will the University be responsible for hiring, supervising and paying assistants or staff support for the worker? | YES () NO () N/A () |
| 13. | Is the worker responsible for his or her own business expenses? | YES () NO () N/A () |
| 14. | <div style="margin-left: 20px;">A. Will the worker be paid in one lump sum or,</div> <div style="margin-left: 20px;">Will the worker receive a fixed amount of compensation at predetermined intervals in accordance with the University's normal payroll procedures?</div> | <div style="margin-left: 20px;">YES () NO () N/A ()</div> <div style="margin-left: 20px;">YES () NO () N/A ()</div> |
| | <div style="margin-left: 20px;">B. Will the worker submit invoices to the University for his or her services?</div> | <div style="margin-left: 20px;">YES () NO () N/A ()</div> |
| 15. | <div style="margin-left: 20px;">A. Does the worker have a personal investment in the books, materials, equipment, facilities and/or other resources needed to provide the services to the University?</div> <div style="margin-left: 20px;">B. Will the University furnish the worker with books, materials, equipment, facilities and/or other resources needed to provide the services to the University?</div> | <div style="margin-left: 20px;">YES () NO () N/A ()</div> <div style="margin-left: 20px;">YES () NO () N/A ()</div> |
| 16. | In providing the services, is there a possibility the worker will earn a profit or incur a loss? For example, will the worker be exposed to economic loss due to his or her investments in books, materials, equipment, facilities and/or other resources, or hiring assistants or support staff needed to provide the services to the University? | YES () NO () N/A () |
| 17. | Does the worker have his or her own office or shop? | YES () NO () N/A () |

19. May the worker discontinue services without incurring liability? YES () NO () N/A ()
20. Will the worker conduct a non-credit course or seminar? YES () NO () N/A ()
- A. If yes, what is the duration of the seminar? _____
- B. Will the worker provide his/her own course materials? YES () NO () N/A ()
21. Are there any other facts that should be considered in making the determination of the status of this worker? If yes, please describe those facts.
- _____